

*medco*<sup>®</sup>

YOUR<sub>X</sub> PLAN<sup>™</sup>

Summary of Benefits

National





# Section 1

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## Introduction to the Summary of Benefits for YOURx PLAN™

Brought to you by Medco and TVA

January 1, 2006 – December 31, 2006

The service area for this plan includes all 50 states and the District of Columbia.

Our plan is offered by MEDCO CONTAINMENT INSURANCE COMPANY OF NEW YORK and MEDCO CONTAINMENT LIFE INSURANCE COMPANY (Medco), a Medicare Prescription Drug Plan that is approved by Medicare. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation or exclusion. The Evidence of Coverage (a complete list of benefits) will be distributed to plan participants.

### **YOU HAVE CHOICES IN YOUR MEDICARE PRESCRIPTION DRUG COVERAGE.**

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like **YOURx PLAN**. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice. No matter what you decide, you still have Medicare prescription drug coverage.

### **HOW CAN I COMPARE MY OPTIONS?**

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by **YOURx PLAN** to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

### **WHERE IS YOURx PLAN AVAILABLE?**

The service area for this Plan includes all 50 states and the District of Columbia. You must live in one of these states to join this plan.

### **WHO IS ELIGIBLE TO JOIN?**

**You can join this plan if you are a TVA retiree (or covered dependent of a TVA retiree) eligible for coverage in a TVA-sponsored retiree plan.**

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of Medicare Private Fee-For-Services plan or are enrolled in an 1876 Cost Plan. You may join or leave a Medicare Prescription Drug Plan during certain times of the year.

### **WHERE CAN I GET MY PRESCRIPTIONS?**

**YOURx PLAN** has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. **YOURx PLAN** may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or call Medco Customer Service for an up-to-date list.

### **DO YOU COVER MEDICARE PART B OR PART D DRUGS?**

The plan does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, the plan only covers drugs that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on the formulary.

### **DOES MY PLAN HAVE A PRESCRIPTION DRUG FORMULARY?**

**YOURx PLAN** uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs. The plan may periodically make changes to the formulary. If the formulary changes, affected enrollees will be notified, in writing, before the change is made.

## WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a benefit that your plan may offer. You may be identified to participate in a program designed for your specific health and pharmacy needs. It is recommended that you take full advantage of this covered benefit if you are selected. If you have questions concerning our MTM Program please contact the Medco Customer Service number listed at the end of this section.

## WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?

**The Medicare Supplement plan offered by TVA is not a Medigap policy. TVA coverage is not impacted by the information below.**

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy and adjust your premium. Under certain circumstances, you can also buy a different Medigap policy without prescription drug coverage sold by your Medigap Issuer. Your Medigap Issuer cannot charge you more, based on any past or present health problems. Call your Medigap Issuer for details.

## HOW CAN I GET HELP WITH DRUG PLAN COSTS?

Medicare beneficiaries with low or limited income and resources may qualify for additional assistance. If you qualify, your Medicare prescription drug plan costs, the amount of your premium and your drug costs at the pharmacy will be less. Once you have enrolled in **YOURx PLAN**, Medicare will tell us how much assistance you are receiving, and we will send you information on the amount you will pay. If you are not receiving this additional assistance, you should contact 1-800-MEDICARE to see if you might qualify.

## WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area.

If **YOURx PLAN** ever denies coverage for your prescription drugs, we will explain our decision to you. You always have the right to appeal and ask us to review the claim that was denied. In addition, if your physician prescribes a drug that is not on our formulary or is not a preferred drug, you may ask us to make a coverage exception. **Please call Medco for more information about this plan.**

### Customer Service Hours:

8:00 a.m.-8:00 p.m. eastern time, Monday–Friday,  
8:00 a.m.-6:00 p.m. eastern time, on Saturday  
(except Thanksgiving and Christmas)

Current Members and Prospective Members  
should call 1-800-592-4520

TTY/TDD users should call 1-800-716-3231

For more information about Medicare,  
call 1-800-MEDICARE (1-800-633-4227).

TTY/TDD users should call 1-877-486-2048.

You can call 24 hours a day, 7 days a week.  
Or visit [www.medicare.gov](http://www.medicare.gov) on the Web.

If you have special needs, this document may  
be available in other formats.

## Section 2

### The Benefit Comparison Matrix

Benefit Category	Original Medicare	YOURx PLAN
Outpatient Prescription Drugs	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D prescription drug program.	<p>You pay <b>\$272.00</b> each month for your Medicare Supplement plan, which includes your medical coverage and this Medicare Part D prescription benefit. This plan does not cover Medicare Part B prescription drugs. This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified, in writing, before the change. To find out if your drug is on the plan's formulary, go to <b>www.medco.com</b> on the Web. People who have low incomes, who live in long-term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact the plan for details. You pay a \$50 yearly deductible.</p> <p>After you have paid your yearly deductible and before the total yearly drug costs (paid by both you and your plan) reach \$3,600, you pay the following for prescription drugs:</p> <ul style="list-style-type: none"> <li>• \$10 for a one-month (30-day) supply of Generic Drugs you get at an in-network preferred pharmacy.</li> <li>• \$30 for a one-month (30-day) supply of Preferred Brand Drugs you get at an in-network preferred pharmacy.</li> <li>• \$50 for a one-month (30-day) supply of Non-Preferred Brand Drugs you get at an in-network preferred pharmacy.</li> <li>• \$50 for a one-month (30-day) supply of Specialty Drugs you get at an in-network preferred pharmacy.</li> <li>• \$30 for a three-month (90-day) supply of Generic Drugs you get at an in-network preferred pharmacy.</li> <li>• \$90 for a three-month (90-day) supply of Preferred Brand Drugs you get at an in-network preferred pharmacy.</li> <li>• \$150 for a three-month (90-day) supply of Non-Preferred Brand Drugs you get at an in-network preferred pharmacy.</li> <li>• \$150 for a three-month (90-day) supply of Specialty Drugs you get at an in-network preferred pharmacy.</li> <li>• \$20 for a three-month (90-day) supply of mail order Generic Drugs you get from Medco By Mail.</li> </ul>

Benefit	Original Medicare	YOURx PLAN
		<ul style="list-style-type: none"> <li>• \$60 for a three-month (90-day) supply of mail order Preferred Brand Drugs you get from Medco By Mail.</li> <li>• \$100 for a three-month (90-day) supply of mail order Non-Preferred Brand Drugs you get from Medco By Mail.</li> <li>• \$100 for a three-month (90-day) supply of mail order Specialty Drugs you get from Medco By Mail.</li> </ul> <p><b>Out-Of-Network Benefits:</b> Copays apply at an out-of-network pharmacy ONLY in emergency situations that are approved by the plan. In non-emergency situations, you are responsible for 100% of the cost of the drug.</p> <ul style="list-style-type: none"> <li>• \$10 for a one-month (30-day) supply of Generic Drugs you get at an out-of-network pharmacy.</li> <li>• \$30 for a one-month (30-day) supply of Preferred Brand Drugs you get at an out-of-network pharmacy.</li> <li>• \$50 for a one-month (30-day) supply of Non-Preferred Brand Drugs you get at an out-of-network pharmacy.</li> <li>• \$50 for a one-month (30-day) supply of specialty drugs you get at an out-of-network pharmacy.</li> </ul> <p>After your yearly out-of-pocket drug costs reach \$3,600, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2 for a Generic or a Preferred Brand Drug and \$5 for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> <p>Certain prescription drugs will have maximum quantity limits. Contact plan for details. Your provider must get prior authorization from <b>YOURx PLAN</b> for certain prescription drugs. Contact plan for details.</p>

# Section 3

## Important Information

### ELIGIBILITY REQUIREMENTS:

A Part D-eligible beneficiary is defined as being:

- A TVA retiree (or covered dependent of a TVA retiree) eligible for coverage in a TVA-sponsored retiree plan,

AND

- Entitled to Medicare benefits under Part A and/or enrolled in Part B

AND

- A resident in the service area of the Part D Plan

### ADDITIONAL ENROLLMENT INFORMATION

- May only be enrolled in one Part D Plan at a time
- If enrolled in an MA Plan, you may not enroll in a PDP unless you are a member of a Private Fee-for-Service MA Plan (PFFS) that does not provide Medicare prescription drug coverage, a Medical Savings Account MA Plan (MSA), or a 1876 Cost Plan.

### AVAILABILITY OF MEDICARE SUBSIDY INFORMATION

Beneficiaries interested in available Medicare Part D subsidies may contact Medco Customer Service at 1-800-592-4520 (TTY/TDD users should call 1-800-716-3231), 1-800-MEDICARE (1-800-633-4227) (TTY/TDD users should call 1-877-486-2048), their State Medicaid Office, or local Social Security Administration Office.

### LIMITED-INCOME SUBSIDY PREMIUM DISCLAIMER

If you have qualified for additional assistance for your Medicare Prescription Drug Plan costs, the amount of your premium and cost at the pharmacy will be less. Once you have enrolled in **YOURx PLAN**, Medicare will tell us how much assistance you are receiving, and we will send you information on the amount you will pay. If you are not receiving this additional assistance, you should contact 1-800-MEDICARE (1-800-633-4227)

(TTY/TDD users should call 1-877-486-2048), your State Medicaid Office, or local Social Security Administration Office to see if you might qualify.

### PRESCRIPTION DRUG SERVICES

Benefits are only available at **YOURx PLAN** retail network pharmacies and the mail-order pharmacy, Medco By Mail.

For more information on the mail-order pharmacy, visit **www.medco.com**, call 1-800-592-4520 (TTY/TDD users should call 1-800-716-3231) or write to Medco, P.O. Box 2016, Pine Brook, NJ 07058.

For more information on retail network pharmacies, visit **www.medco.com**, call 1-800-592-4520 (TTY/TDD users should call 1-800-716-3231) or write to Medco, P.O. Box 2016, Pine Brook, NJ 07058.

### CONTRACTING STATEMENT

Medco contracts with the federal government.

### PROGRAM QUALIFIERS

**YOURx PLAN** is a Prescription Drug Plan that is approved by Medicare.

The service area for this plan includes all 50 states and the District of Columbia.

### PREMIUMS

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party, even if the Medicare Part D premium is \$0.

### ENROLLMENT/DISENROLLMENT OPTIONS

#### Special Enrollment Periods

If beneficiaries disenroll for any reason other than the special election criteria options listed below, they will be unable to re-enroll until November 15, 2006.

- A move outside their approved program service area.



- They enter or leave a skilled nursing facility (like a nursing home).
- They enroll in, or disenroll from, a MA PDP plan (medical + drug benefit).
- TVA stops offering Medicare Prescription Drug coverage.

### **SPECIAL TVA ENROLLMENT/DISENROLLMENT INFORMATION**

TVA retirees (or eligible dependents) may disenroll from this plan at any time. Disenrolling from this plan will cancel prescription-drug coverage as well as medical coverage in the TVA-sponsored supplement plan.

If a retiree disenrolls from this plan, coverage for all dependents will also end.

If a retiree (or eligible dependent) disenrolls from this plan to enroll in another Medicare Part D plan between November 15, 2005 and May 15, 2006, the retiree (or eligible dependent) may re-enroll in the TVA plan within 12 months of the date TVA coverage ends. Re-enrollment will not be permitted after that 12-month period has ended.

Call TVA's Employee Service Center at 1 888-275-8094 with questions about enrolling or disenrolling.

### **LATE ENROLLMENT PENALTY**

This is imposed when a beneficiary fails to maintain creditable prescription coverage for a period of 63 days following the last day of an individual's initial enrollment in a Part D plan.

### **INITIAL ENROLLMENT PERIOD**

- November 15, 2005 through May 15, 2006.
- Participants in this TVA-sponsored plan do not need to enroll individually. Enrollment in this plan will be reported to Medicare.

### **ANNUAL COORDINATED ELECTION PERIOD**

- November 15, 2005 through May 15, 2006 (for the first year).
- For 2007 and subsequent years, it will be November 15 - December 31 of the previous year.
- There is not an annual enrollment period in this TVA-sponsored plan.

### **VOLUNTARY DISENROLLMENT**

A member may disenroll from a Prescription Drug Plan during one of the election periods by doing the following:

- Providing a signed written notice to your employer.
- Giving a signed written notice to any SSA or RRB.
- By calling 1-800-MEDICARE (1-800-633-4227).

### **REQUIRED INVOLUNTARY DISENROLLMENT**

A Prescription Drug Plan organization must disenroll an individual from a Prescription Drug Plan in the following cases:

- The individual becomes ineligible to be an enrollee of the Prescription Drug Plan if moving out of the 50 states.
- The individual loses entitlement to Medicare.
- The individual dies.
- The Prescription Drug Plan contract is terminated or the Prescription Drug Plan organization discontinues offering a Prescription Drug Plan in any portion of the area where the Prescription Drug Plan had previously been available.
- The individual materially misrepresents information to the Prescription Drug Plan organization regarding reimbursement for third-party coverage.

### **INVOLUNTARY DISENROLLMENT FOR DISRUPTIVE BEHAVIOR**

"Disruptive behavior" is behavior that substantially impairs the Prescription Drug Plan organization's ability to arrange or provide care to the disruptive individual or other plan members.

### **ENROLLMENT OPTIONS**

Participants in this TVA-sponsored plan are group enrolled if they are:

- a TVA retiree (or covered dependent of a TVA retiree) eligible for coverage in a TVA-sponsored retiree plan, AND
- Entitled to Medicare Part A and/or enrolled in Medicare Part B, AND
- Residing in the service area.



## SERVICE COMPLAINT

If you are not satisfied with the service received from Medco, you may file a complaint. Use any of the following ways to respond for problems with service from your network pharmacy, Medco By Mail, or Medco's Customer Service department:

- Call Medco toll-free at 1-800-592-4520 (TTY/TDD users should call 1-800-716-3231)
- OR
- Fill out the Service Complaint Form located at **www.medco.com** on the Web. Please mail your completed Service Complaint Form to:

## YOURx PLAN

**Medco Health Solutions, Inc.**

**Attention: Service Grievance Resolution Team**

**P.O. Box 639405**

**Irving, TX 75063**

If you need assistance or more information on filing a complaint, please call Medco toll-free at 1-800-592-4520 (TTY/TDD users should call 1-800-716-3231). Representatives are available 24 hours a day, 7 days a week (except Thanksgiving and Christmas).

## COVERAGE LIMITS AND APPEALS

Some of the drugs covered by your **YOURx PLAN** have coverage limits. For example, prescription drugs used for cosmetic reasons may not be covered without your doctor's approval. In addition, some medications might be limited to a certain number of pills or a total dosage within a period of time.

If you have a prescription for a drug with a coverage limit, your pharmacist will tell you that approval is needed before the prescription can be filled. The pharmacist will also give you a toll-free number to call.

If you are told there is a coverage limit, more information may be needed to see if your prescription meets the plan's coverage conditions. We will notify you and your doctor of the decision in writing. If coverage is approved, the letter will indicate the amount of time allowed under your coverage. If coverage is denied, the letter will provide an explanation and information on how to submit an appeal.

## Medigap Disclaimer

**TVA coverage is not impacted by the information below.**

If you have a Medicare Supplement (Medigap) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy and adjust your premium. Under certain circumstances, you can also buy a different Medigap policy without prescription drug coverage sold by your Medigap Issuer.

Your Medigap Issuer cannot charge you more based on any past or present health problems. Call your Medigap Issuer for details.

**YOURx PLAN** is authorized by law to refuse to renew its contract with CMS, that CMS also may refuse to renew the contract, and termination or non-renewal may result in termination of the beneficiary's enrollment in the Plan. In addition, **YOURx PLAN** may reduce its service area and no longer offer services in the area where the beneficiary resides.

Medco Health Solutions, Inc.  
100 Parsons Pond Drive  
Franklin Lakes, NJ 07417

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